Welcome!

Thank you for joining the Sexual Safety event

The event will start at 1pm
Housekeeping

• Please mute your speakers/audio unless you are speaking.

• Please turn your camera off when others are presenting.

• If you would like to ask a question or leave a comment, please use the chat function within the meeting.

• If you experience any technical difficulties, please email safetyimprovement@rcpsych.ac.uk.
Additional support

- We recognise that this topic can be difficult and challenging to think about and discuss.

- You can also contact any of the NCCMH team if you need any extra support during today’s event.

- Should you wish to speak to a QI coach or require additional support, please email safetyimprovement@rcpsych.ac.uk and QI coaches Kate and Matt will be in touch.
We encourage use of twitter and social media to share the work that you are doing throughout the collaborative. Starting today!

However, we kindly ask you not to tweet people’s names, photographs of people’s faces or their talks without their permission

Thank you!

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@NCCMentalHealth

Project hashtag #SexualSafetyInMH
Programme hashtag #MHSIP
Aim

To increase the percentage of service users and staff who feel safe from sexual harm within mental health and learning disabilities services.
Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act  Plan
Study  Do

Changes
PDSA: Safe space for staff and patients

Objective: For people to feel safe when reporting sexual safety i.e. incident

Prediction: Improve support, increase in reporting. People feeling safe to talk. Identify other areas i.e. improving for issues

Measure:
- Questionnaire
- Tracker (patient-experience)
- Safety cross (identifying other areas)

Plan:
- Chris / Jason design questionnaire
  - Quarterly
- Tracker - Monthly - Speak to patient

PDSA: Hand out postcards in handover

Objective: Improve regular & consistent data collection

Prediction:
- Receive more postcard data from YP staff.
- More discussion & engagement with agency staff.
- Receive more postcard data from YP.
- Engagement a discussion with YP.

Key workers:

Measure:
1. No. of post cards collected. YP staff.
2. Survey / Rapid scale.

Plan:
- 1st week every month.
- For 2 days.
- Staff give 2 post cards to YP.
Breakout Sessions
Connecting to the WHY
GROUP 1 (Emily)
Aquarius Ward
Beach Ward
Becklin Centre (wards 3&5)
Cofton Ward
Dragonfly Unit
Keith Winter House
Lishman Unit
Moorland View Ward
Nottingham Acute Services
Osborne Acute Adult Ward
Phoenix Ward
Rosewood and Maple Rehab Unit
Sowenna CAMHS Unit
Swift Ward

GROUP 2 (Kate)
Forest Close
Hawkesbury Lodge
Hazel Ward
Heather Ward (Airedale Centre)
Kahlo Ward
Larch Ward
Marlborough House
Moore Ward
Ruby and Ivory Wards
Stewart House
Upnor Ward
Watermead Ward (Bradgate MHU)

GROUP 3 (Matt)
Adriatic and Pacific Wards (Ardenleigh)
Avondale Unit
Basildon MHAU
Bedale PICU
Crofton Clinic
Dennis Scott Unit
Gerry Simon Clinic
Hammersmith and Fulham MHU
Harbour Ward
Millbrook Ward
Miranda PICU
Peter Bruff Unit
Rowan Ward
Yorkshire Centre for Eating Disorders

GROUP 4 (Saiqa)
Alt Ward
Arnold Ward
Bronte Ward
Chaucer Ward
Clearbrook Ward
Darwin Centre
Elmeleigh
Harplands Hospital
John Howard Centre
Langworth Ward
Irwell Unit
Northwick Park Hospital
Ward 18
Video
Spiral journal

- You will need a piece of paper (A4) and a pen
- Divide the piece of paper into 4 (either by folding it twice or with a pen)
- Draw a spiral from the centre of the paper, as tightly as possible, and in silence
- Answer each of the four questions, one by one (see next slide)
- Group discussion
What are your reflections from the video?

Why is this work important to you?

What can you commit to doing now?

Where do you have discretion and freedom to act?
Northwick Park
Central and North West London NHS Foundation Trust
TRAUMA INFORMED APPROACHES (TIA)
TO MENTAL HEALTH CARE

Introduction to
Trauma Informed Approaches
A few statistics

- Psychiatric inpatients – childhood sexual abuse 85%
- Psychiatric inpatients – DV in year prior to admission 63%
- Hearing voices – trauma 98%
- BPD – sexual abuse in childhood 75%
- Male psychiatric inpatients – abuse in childhood 85%

(Read et al., 2005; Mueser, 1998; Merza et al., 2018)
ACEs study

• ‘The most important studies you’ve never heard of!!’
• 15 year follow-up
• 17,421 participants
• Hundreds of studies
• 10 types of childhood adversity
• ALL = strong graded relationship between ACEs and;
  • mental health
  • physical health
  • behavioural problems
  • social problems

Copyright to Lucy Johnstone (shared with permission)
What are the ACEs?

- physical abuse
- sexual abuse
- emotional abuse
- physical neglect
- emotional neglect
- exposure to DV
- household substance abuse
- household mental illness
- parental separation
- member of household in prison
ACEs study

Higher ACE scores predict greater incidence of:

- depression
- suicide
- psychosis
- PTSD
- drug use
- foetal death
- injury & death as a child
- criminal behaviour
- heart disease
- cancer
- STDs
- liver disease
- smoking
- obesity
- diabetes
- drug and alcohol abuse
- fibromyalgia
- migraines
- gastrointestinal problems
- arthritis
- COPD
- domestic violence
- homelessness
- sex work
- unemployment
- early death
- lung disease
- poor education attainment
- poor work performance
- PLUS MORE...
ACEs study & psychosis

• People abused as children
  • 9.3x more likely to develop psychosis
  • 3 kinds of abuse – 18x more likely to be psychotic
  • 5 types of abuse – 193x more likely

(Shevlin et al., 2007)
What is a trauma informed approach?

“What has happened to you?” rather than “What is wrong with you?”

• It’s about approaching distress from the OUTSIDE \( \rightarrow \) IN

• Trauma – broadest context (adversity)

• Mental health – trauma response

• COVID
Trauma in the broadest context

- Relational Attachment & Interpersonal
- Developmental Including In-Utero
- Abuse & Maltreatment
  - Physical, Sexual, & Emotional Abuse
  - Neglect, Domestic Violence, etc.
- Cultural & Racial
- Intergenerational & Historical
- Single Event
  - Car Accident, Burglary, etc.
- War, Refugee, & Political
- Combat-Related & Military
- Medical, Injury, & Birth Trauma
- Traumatic Grief, Bereavement, & Loss
- Community Trauma
  - Including Neighbourhood & School Violence
- Natural Disaster
- Organisational, System, & Institutional Trauma
- Peer, Sibling, & Bullying Trauma
- Secondary & Vicarious Trauma

Image copyright to Dr Karen Triesman
TIA three phase model

Phase One: Stabilisation – education, coping, safety

Phase Two: Talking about, processing and coming to terms with past

Phase Three: Taking up life again, moving forwards
The stabilisation manual: 
Supporting internal safety

Introductory information pack plus 10 stabilisation skills workbooks

- Self-Compassion
- Soothing & Safety
- Mindfulness
- Effective Communication
- Breathing & Relaxation
- Food & Sleep
- Valued Activity
- Distraction & Distancing
- Grounding
- Maintaining Wellbeing
The Power Threat Meaning Framework (PTMF)

Johnstone & Boyle (2018)
Break
Panel and reflections

QI coaches and Tom Ayers
Breakout Sessions

SSC change cards
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<th>GROUP 1</th>
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Joao Botas, Psychologist on Phoenix Ward, South West London and St George's Mental Health NHS Trust, shares how the ward has started increasing staff confidence in discussing sexual safety.

#SexualSafetyinMH

1. What problem were you trying to solve?
   Getting our staff team comfortable enough to discuss sexual safety issues.

2. What did you do?
   We started bringing the subject up during our staff support groups which provides a safe space for staff to discuss and reflect on their feelings around talking about sexual safety, including why they may find it difficult to discuss the topic. We also shared a booklet ‘you, your body and sex’ to be given to service users.

3. How did it go?
   Some members of staff found it difficult because of their religious beliefs. Other members of staff and service users found the leaflet helpful.

4. What was the main learning from your intervention?
   This is an ongoing discussion because some members of staff still find it difficult to discuss issues of sexual safety with the service users. The staff support group is a safe place where these issues are regularly discussed and addressed. I am also planning to do a short training session on sexual safety to staff.
SSC change cards

• Use the link in the chat to access the online form

• Choose one of the change ideas you have tested on your ward/unit and answer each of the 4 questions (10-15mins)

• Share as a group your change ideas and responses (10-15min)

• You will be sharing with the rest of the group so don’t submit your form until the end of the session
Close